

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SD</i>	<i>75316</i>	<i>6/28/00</i>
G.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>65955</i>	<i>6/29/00</i>
FORMALITY REVIEW			<i>8/22</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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